

Commonwealth of Kentucky
OFFICE OF INSURANCE
Agent Licensing Division
PO Box 517, Frankfort, KY 40602-0517
502-564-6004
<http://doi.ppr.ky.gov/kentucky/>

SPECIALTY CREDIT INSURANCE PRODUCER LICENSE-SUPPLEMENTAL APPLICATION

Business Entity Name

Business Entity Name		FEIN or DOI ID#	Phone			Ext.	e-mail	
					Managing Employee Assigned to Business Location:	Gave Consumer Disclosure Training?		
Business Name	Street Address	City	State	Zip	Name	Yes	No	

Certification of Business Entity Applicant:

I certify that all employees received prelicensing education required by KRS 304 Subtitle 9 and that the information in this application is true and correct.

Signature

Title

Date

Certification of Managing Employee(s)

I certify that I instructed all unlicensed employees about the consumer disclosures required by KRS 304 Subtitle 9 and that all unlicensed employees operate with my permission and under my supervision.

Signature

Date